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	DATÊ:	11-09-01				
	TO:	09/963939				
	FROM:	Office of Initial Patent Examination Unit 7 (RAM Team)				
لمنهوب	SUBJECT:	Insufficient Funds				
	Deposit account number					
	On 11/09/11	there were insufficient funds available to charge the attached fee.				
, i	If you have any quest at 703-306-5430.	ion, please contact Cynthia Streater (OIPE/JCWS RAM- Team)				
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Revenue Accounting and Management

Name/Number: 09963939

Start Date: Any Date

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End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount Mailroom Date	Payment Method
10/01/2001	00000058	<u>1</u>	<u>201</u>	\$355.00 0 9/26/2001	OP
10/18/2001	00000019	<u>7</u>	<u>201</u>	99/26/2001_ \$355.00_ 09/26/2001	OP
01/03/2002	00000220	<u>1</u>	<u>201</u>	\$370.00~ 12/26/2001	OP
01/03/2002	00000221	<u>1</u>	<u>197</u>	\$50.00 12/2 6/2001	OP
01/22/2002	00000021	<u>7</u>	<u>201</u>	\$370.00 	OP
01/22/2002	00000022	<u>7</u>	<u>197</u>	-\$50.00 12/ 26/2001	OP
02/05/2002	00000111	<u>1</u>	<u>581</u>	\$40.00 01/28/2002	DA 200449

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NOTICE OF FEE DUE

DATE:	02-20-02 Sector			
TO:	Sector	_		
FROM:	Office of Initial Patent Examination	on		
SUBJECT:	Fee Due			
APPLICAT	ION NUMBER: $C9, 96$	3,939		
Office for the	for the attached document submitted following reason. Please checked to charge a deposit account. If a ppropriate fee. If an authorization iency.	the application	on for the on is prese	appropriate ent, please
□ Insuffici	ent fee by check			
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	nny questions, please contact Cynth z at 703-308-3642.	nia Streater a	t 703-306-	·5430 or
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